

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>0978185#</i>	FILING DATE <i>02-12-01</i>					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
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TOTAL DEP.	15	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	18	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
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TOTAL IND.		↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
TOTAL DEP.		↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS		↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓